

## PAS State Plan Service Scoring Tool

Location	Inside and Outside the Home Any Setting								
Hours	40 hrs/week or more			40 hrs/ month to 39.9 hrs/week			Less than 40 hrs/month		
Population Served*	All	Some	Minimal	All	Some	Minimal	All	Some	Minimal
Eligibility	Full	Full	Conditional	Full	Full	Conditional	Conditional	Conditional (1-yr)	Conditional (1-yr)

Location	Inside and Outside the Home but not at worksite								
Hours	40 hrs/week or more			40 hrs/ month to 39.9 hrs/week			Less than 40 hrs/month		
Population Served*	All	Some	Minimal	All	Some	Minimal	All	Some	Minimal
Eligibility	Full	Full	Conditional	Conditional	Conditional	Conditional	Conditional (1-yr)	Conditional (1-yr)	Conditional (1-yr)

Location	Inside the Home Only and/or Outside but limited to medical appointments and other non-employment activities.								
Hours	40 hrs/week or more			40 hrs/ month to 39.9 hrs/week			Less than 40 hrs/month		
Population Served*	All	Some	Minimal	All	Some	Minimal	All	Some	Minimal
Eligibility	Conditional (1 yr)	Conditional (1 yr)	Conditional (1 yr)	Conditional (1 yr)	Conditional (1 yr)	Conditional (1 yr)	Reserved	Reserved	Reserved

**Population** \*

**All** = Services provided to all groups regardless of type of disability and not restricted to only those with highest level of severity.

**Some** = The purpose of the service is restricted to individuals with a particular type of disability or particular level of care, but those restrictions have a small effect on individuals receiving Medicaid who are likely to be competitively employed.

Is the service provided to individuals with a primary diagnosis of physical disability?

Is the service provided to individuals with a primary diagnosis of mental illness?

Is the service provided to individuals who have an assessment of a lower level of care need than 3 ADL's or 15 hours/week of care?

*(To qualify as some the state must be able answer “yes” to all of the questions above. If the state cannot answer “yes” to all of the questions above, the service is “Minimal”)*

**Minimal** = The purpose of the services is restricted to individuals with a particular type of disability or particular level of care such that individuals eligible for Medicaid in that State are not likely to be able to receive PAS to support competitive employment.

# WAIVERS/DEMOS PAS

## Scoring Tool

Use for all 1915(b), 1915(c), and/or 1115 waivers and demos. (Use the level of service offered for Medicaid-eligible employed adults with a disability)

If the state has multiple waivers for a particular target group with different design features, scoring will be done with the waiver that is most relevant. If the state does not offer PAS services outside the home for a particular group the level for that group is considered “Reserved”.

A. MR/DD																								
Statewide	Statewide												Not Statewide											
Location	Inside and Outside the Home						Inside and Outside the Home Limited (Not at worksite)						Inside and Outside the Home						Inside and Outside the Home Limited (Not at worksite)					
Hours	40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo		40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo		40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo		40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo	
Sufficiency	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Category: A. Buy-In Amend Yes or Not Applicable	F	C	F	C	C	R	C	C	C	C	C	R	R	R	R	R	R	R	R	R	R	R	R	R
B. Buy-In Amend No	C	C	C	C	C	R	C	C	C	C	C	R	R	R	R	R	R	R	R	R	R	R	R	R

B. PD																								
<u>Statewide</u>	Statewide												Not Statewide											
<u>Location</u>	Inside and Outside the Home						Inside and Outside the Home Limited (Not at worksite)						Inside and Outside the Home						Inside and Outside the Home Limited (Not at worksite)					
<u>Hours</u>	40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo		40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo		40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo		40 hrs/ wk +		40 hrs/mo +		< 40 hrs/ mo	
<u>Sufficiency</u>	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
<u>Category:</u> A. Buy-In Amend Yes or Not Applicable	F	C	F	C	C	R	C	C	C	C	C	R	R	R	R	R	R	R	R	R	R	R	R	R
B. Buy-In Amend No	C	C	C	C	C	R	C	C	C	C	C	R	R	R	R	R	R	R	R	R	R	R	R	R

## State Plan and Waiver Scoring Sheet

### STATE PLAN SERVICE

<b>STATE PLAN</b>	Full	Conditional	Reserved or None
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*Conditional states may be upgraded to “Fully eligible” if they have waivers that are fully eligible according to the previous chart. Likewise, states that meet the “reserved eligibility” status may be moved to “Conditionally eligible” or “Fully eligible” if the state’s waivers meet the conditional or full standard respectively. If the waivers fall below these levels the ranking based on the state plan service does not change. The boxes must all be checked in one column for rankings to be increased.*

*If states do not have a state plan service, they may achieve eligibility levels based solely on waivers. Again, this requires that the waivers met the full or conditional categories. Additionally, it requires that states cover at least those with MR/DD and physical disabilities through 1915(c) waivers. (Not one or the other.)*

### WAIVERS/DEMONSTRATIONS

<b>WAIVERS</b>			
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<b>MR/DD</b>	Not Applicable		
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<b>Physical Disabilities</b>	Not Applicable		
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<b>STATE ELIGIBILITY</b>	FULL	CONDITIONAL or FULL	RESERVED or CONDITIONAL or FULL
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